

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/19/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

10000	DDUCER ork Insurance		10(0)	,	CONTA NAME:	СТ						
2385 Congress Street						PHONE (A/C, No, Ext): (207) 774-6257 FAX (A/C, No): (207) 774-2994						
Po	rtland, ME 04104		E-MAIL ADDRESS: info@clarkinsurance.com					114-2334				
					ADDICE							
					INCLIDE	RA: Excelsi		RDING COVERAGE			11045	
INSURED						INSURER B :						
Dyer's Variety Store						INSURER C:						
	275 Cottage Road		INSURER D:									
	So Portland, ME 04106				INSURER E :							
						INSURER F:						
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	PERT	ΔΙΝΙ	THE INCLIDANCE AFFOR	DED DY	THE BOLLA	CT OR OTHER	R DOCUMENT WIT	VE FOR TH RESP	THE POL	LICY PERIOD WHICH THIS THE TERMS	
INSR		ADDLIS		LIMITS SHOWN MAY HAVE	BEENR	POLICY EFF	PAID CLAIMS				THE PERMIO,	
A	X COMMERCIAL GENERAL LIABILITY	INSD V		POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	rs		
				ODDOGGE A		01/15/2016	01/15/2017	EACH OCCURRENCE		\$	1,000,000	
	CLAIMS-MADE X OCCUR			CBP8237914				DAMAGE TO RENTE PREMISES (Ea occu	ED irrence)	\$	100,000	
								MED EXP (Any one p	person)	\$	5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY \$		\$	1,000,000	
	Y PRO-							GENERAL AGGREG	ATE	\$	2,000,000	
	OTHER:							PRODUCTS - COMP/OP AGG \$		\$	1,000,000	
	AUTOMOBILE LIABILITY		-					COMPINED CINCLE		\$		
	ANY AUTO							COMBINED SINGLE (Ea accident)		\$		
	ALL OWNED SCHEDULED							BODILY INJURY (Per		\$		
	AUTOS AUTOS NON-OWNED							BODILY INJURY (Per		\$		
	AUTOS							PROPERTY DAMAG (Per accident)	E	\$		
	UMBRELLA LIAB OCCUP		+							\$		
	EVCESSIVAD							EACH OCCURRENC	E	\$		
	DED RETENTION \$							AGGREGATE		\$		
	WORKERS COMPENSATION		-					PER	LOTU	\$		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							STATUTE	OTH- ER			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN	Т	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$				
	SECONI FICH OF CPERATIONS BEIOW							E.L. DISEASE - POLICE	CY LIMIT	\$		
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACC	ORD 1	In Additional Remarks Cabadal								
City	of Portland Maine is an Additional Insur	ed with	n reg	gard to General Liability ar	rising or	ut of ongoing	operations	of the Insured				
CER	TIFICATE HOLDER				CANO	11 47 21						
City of Portland Maine 389 Congress Street Portland, ME 04101						CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE						
			Carol Sulides - Year a									

ACORD 25 (2014/01)

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